5300 Rev 2/90

Department of the Treasury Internal Revenue Service

Application for Determination for Employee Benefit Plan

(Under sections 401(a) and 501(a) of the Internal Revenue Code)

OMB No. 1545-0197 Expires 1-31-93

Case number ▶

For IRS Use Only File folder number

File page 1 of Form 5300 in duplicate.

Note: User fee must be attached to this application. (See Instruction B-What To File).

w the Procedural Requirements Checklist before submitting this application. Name of plan sponsor (employer if single-employer plan)					1b	Employe	r identifica	tion number			
Address (number and	s (number and street)		>		_ >	< 1c	Employer's tax year ends-Enter N			N/A	
		****				_ >		or (MM)			
City		S	State		ZIP code		1d	Telephoi	ne number		
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Person to be con (If same as 1a, le Name	tacted if more informationate evaluation (Complete evaluation)	on is needed. (S ven if Power of	See Specif Attorney i	ic Instru is attach	ctions.) ed):						
Name											
Address (number and	street)										
City		S	State		ZIP code			Telepho	ne number		
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Determination re	quested for (enter applic	able number(s	at left ar	nd fill in	required						
information). (Se	e Specific Instructions.)	abic namber(s	, at letter		oquii ou						
>	Enter 1 for Initial Qualifi	cation—Date	plan sign <mark>e</mark>	d							
>	Enter 2 for Amendment	after initial qua	alification-	Is plai	restated?		Yes	<	>	No <	
Date amendmen		-		Date an	endment ef	fective					
>	Enter 3 for Affiliated Ser	vice Group sta	tus (sectio	on 414(r	n))Date e	ffective					
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-				py of the	e latest lette	r	_ . Yes	<	>	No <	
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Date ►

Title ►

Signature ▶

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8a	Do you maintain any other qualified plan(s)? (See Specific Instructions.)	. 🗌 Yes	□ No
b	If this is a defined contribution plan and you also maintain a defined benefit plan, or if this is a defined benefit plan and if you also maintain a defined contribution plan, when the plan is top-heavy, do non-key employees covered under both plans receive:		
	 (i) the top-heavy minimum benefit under the defined benefit plan?	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No
	(iv) benefits under both plans that, using a comparability analysis, are at least equal to the minimum benefit? (See Specific Instructions.)	☐ Yes	□ No
С	Do the provisions of the plan preclude the possibility that the section 415 limitations will be exceeded with respect to any employee who is or has been a participant in this plan and any other qualified plan of the employer?	, 🗌 Yes	□ No
_			
9 a	COVERAGE (See Specific Instructions.): Is the employer applying the separate line of business rules of section 414(r)?	. 🗌 Yes	□ No
	Does the employer receive services from any leased employees within the meaning of section 414(n)? Coverage of plan at (give date)		□ No
d	Enter the percentage of nonhighly compensated employees who benefit under the plan, excluding employees who benefit only under a part of the plan containing a CODA or employee or matching contributions. (If 70 percent or more, proceed to f.)		%
	Divide the percentage of nonhighly compensated employees who benefit under the plan (9d) by the percentage of highly compensated employees who benefit under the plan, excluding employees who only benefit under a part of the plan containing a CODA or employee or matching contributions \(\subseteq \nback \nabla / \nabla \) If the plan contains a CODA, compute the ratio in line e above on the basis of employees eligible to make elective deferrals under the CODA portion of the plan \(\therefore \therefore \therefore \therefore \therefore \therefore \nabla / \nabla / \nabla \)		
g	If the plan provides for employee or matching contributions, compute ratio in line e above on the basis of employees eligible to make employee contributions or to receive matching contributions under the plan		
h	Are the results in line e, f, or g based on the aggregated coverage of more than one plan?	. 🗌 Yes	□ No
i	If line e, f, or g is less than .7, does the plan pass the average benefit test?	Yes	□ No
_			
0	PARTICIPATION (See Specific Instructions.):		
	Is a determination requested as to whether the plan satisfies the participation test under section 401(a)(26) with respect to each of the plan's current benefit structures?	. 🗆 Yes	□ No
	(For defined benefit plans only) Do at least the lesser of 50 employer's employees or 40 percent of the employer's employees accrue the minimum current accrual under the plan?	☐ Yes	□ No
	under section 401(a)(26)? (See Specific Instructions.)	☐ Yes	□ No

Is a determination requested as to whether the plan satisfies the coverage or participation tests with

If "Yes," has a demonstration been attached showing how the plan satisfies sections 410(b) and 401(a)(26) with respect to former employees?

☐ No

☐ No

☐ Yes

		N/A Yes No
12	PERMITTED DISPARITY:	<i>VIIIIIXIIIIIIX</i> IIIIIII.
а	If the plan provides for disparity in contributions or benefits, is the plan intended to meet the requirements of section 401(I)?	
	If N/A, do not complete lines b through f. If "Yes" or "No," complete lines b through f, and also see the Specific Instructions.	
b	In the case of a defined contribution plan, does the excess contribution percentage exceed the base contribution percentage by a uniform amount that does not exceed the maximum excess allowance?	
	Base Contribution Percentage Excess Contribution Percentage	
c	In the case of a defined benefit excess plan, does the excess benefit percentage exceed the base benefit	
·	percentage by a uniform amount no greater than the maximum excess allowance?	
ч	In the case of a defined benefit offset plan, is the offset uniform and is it less than the maximum offset allowance?	
_	Benefit formula Offset	
е	What is the plan's integration level?	V//////X//////X///////////////////////
f	In the case of a defined benefit plan, does the plan reduce the $3/4$ percent factor by $1/15$ th for the first five years, $1/30$ th for the next five years and actuarially thereafter for benefits beginning before social security retirement age?	
13	General eligibility requirements — Complete a, b, and c below.	
а	Check one box:	
	(i) ☐ All employees (ii) ☐ Hourly rate employees only	
	(iii) Salaried employees only	
	(iii) Other (Specify)	
b	Length of service (number of years) \[\bigcup \mathbb{N/A} \]	
	Minimum age (Specify)	
14	Vesting:	
	Check one box to indicate the vesting provisions of the plan:	
	Full and immediate.	
	☐ Full vesting after two years of service.	
	☐ Full vesting after three years of service. ☐ Full vesting after five years of service.	
	☐ Six year graded vesting.	
	☐ Three to seven year graded vesting.	
	☐ Other (Specify—see Specific Instructions and attach a schedule)	
	Cities (opening) see opening mediacions and account a constant)	
15	Benefits and requirements for benefits:	
а	For defined benefit plans—Method for determining accrued benefit:	
	(i) Benefit formula at normal retirement age is	
	(ii) Benefit formula at early retirement age is	
	(iii) Normal form of retirement benefit is	
b	For defined contribution plans—Employer contributions:	
	(i) Profit-sharing or stock bonus plan contributions are determined under:	
	☐ A definite formula ☐ An indefinite formula ☐ Both (ii) Money purchase—Enter rate of contribution	
	(ii) State target benefit formula	
	\.,''\	N/A Yes No
16	Miscellaneous Provisions:	
a	Does any amendment to the plan reduce or eliminate any section 411(d)(6) protected benefit? (See Specific Instructions.)	
	Are contributions or benefits allocated on the basis of total compensation within the meaning of section 414(s)? If "No," explain. (See Specific Instructions)	
c	Are forfeitures allocated, in the case of a defined contribution plan, on the basis of total compensation? If "No," explain	
d	Are trust earnings and losses allocated on the basis of account balances in a defined contribution plan?	
e	Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending before the Internal Revenue Service, the Department of Labor, the Pension Benefit Guaranty Corporation, or any court? If "Yes," attach explanation	
f	Is this application also expected to satisfy the notice requirement for this plan for merger, consolidation, or transfer of plan assets or liabilities involving another plan? (See Specific Instructions)	

Procedural Requirements Checklist

yo	ur application. Completion of this checklist is optional and is for the benefit of the plan sponsor.	Yes	No
а	Have you attached Form 5302, Employee Census?		
b	Have you attached the appropriate user fee and Form 8717, User Fee for Employee Plan Determination Letter Request? .		
С	Have you attached a copy of the plan? (Initial applications and Restated plans only)		
d	Have you attached a copy of the plan's latest determination letter? (Previously approved plans only)		
e	Have you submitted page one in duplicate (at least one must be an original)?		
f	Have you signed both copies of page one of the application?		
g	Have you entered the plan sponsor's 9-digit employer identification number in line 1b?		
h	If appropriate, have you attached Form 2848 , Power of Attorney and Declaration of Representative, or Form 2848-D , Tax Information Authorization and Declaration of Representative (see General Information)?		
i	Have you entered the effective date of the plan in line 4d?		
j	Affiliated Service Groups, Controlled Groups or Entities Under Common Control—Have you attached the information requested in General Instructions B, "What To File," and line 6 of the Specific Instructions?		
k	Multiple-Employer Plans—Have you attached the information required by General Instruction B.II.g.?		

ALL APPLICATIONS ARE SCREENED BY COMPUTER. FAILURE TO INCLUDE A REQUIRED ITEM WILL RESULT IN THE RETURN OF THIS APPLICATION TO YOU.